OFFICE RÉGIONAL DE LA SANTÉ DES PARCS

PARKLAND REGIONAL HEALTH AUTHORITY

Annual Report 2004-2005

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Individuals, families and communities achieving the best possible health and wellness

Letter of Transmittal and Accountability

September 30, 2005

Hon. Tim Sale
Minister of Health
Province of Manitoba
Room 302 –Legislative Building
450 Broadway
Winnipeg, MB. R3C 0V8

Mr. Minister:

We have the honour to present the Annual Report for the Parkland Regional Health Authority, for the fiscal year ended March 31, 2005.

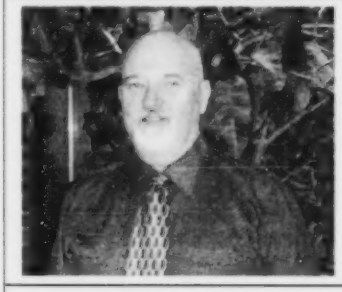
This annual report was prepared under the Board's direction, in accordance with the *Regional Health Authorities Act* and directions provided by the Minister of Health. All material economic and fiscal implications known as of September 30, 2005 have been considered in preparing the annual report.

Respectfully submitted on behalf of Parkland Regional Health Authority,

M Toderian

Merv Toderian
PRHA Board Chair

Board Chair's Message- Merv Toderian



Merv Toderian

It is with pleasure that I present, on behalf of the Governing Board of Directors, the 2004-2005 Annual Report of the Parkland Regional Health Authority.

Our Board has worked diligently during the past fiscal year, to address the issues and concerns surrounding health and health care delivery in the Region. It has at times proven very challenging and there certainly is much more work that lies ahead. As we challenge ourselves towards improving and enhancing health services in the Parkland, we do so with the mindset that our health system continues to face several hurdles. Financial and human resource issues are just two of those.

Stakeholder communication- In keeping with the Board Vision, *"Individuals, families, and communities achieving the best possible health and wellness"*, we have enhanced our focus on partnerships, visibility, linkage and communication within our Region. In setting up our monthly regular meeting calendar during the past year, the Board selected several communities that it had yet to visit formally as a Board. It proved to be very successful with meaningful public presentations and input. We continued our regular practice of meeting with municipal representatives, school divisions and our affiliated facility boards. We also asked attendees to consider undertaking a little 'homework' prior to attending the informal luncheon, by posing the following questions:

- *"What would it look like if communities were as healthy as they could be?*
- *"What issues are preventing communities from being as healthy as they could be?*

These advance questions helped to enhance dialogue during our stakeholder communication sessions and allowed participants to focus on a 'bigger picture' relating to the determinants of health in our Region.

Several other key events and initiatives occurred over the past year which warrant mention.

Advisory Councils- The Board meets regularly and relies on input from four *Advisory Councils* as a means of linking with communities. These Advisory Councils are an important mechanism for participation and planning within the Parkland health system. The role of Advisory Councils is to understand issues, focus on priorities, balance alternative approaches and recommend solutions and actions to the Board. **(See page 7)**

Advisory Council Workshop- The annual workshop was held in September 2004, and its focus was around the Community Health Assessment. The Health Assessment is very important to health planning, and assists the Board with its five-year Strategic Plan (2006-2011). The annual workshop also included a presentation on the role of the PRHA's Client Representative.

The PRHA Board holds an annual workshop with its Advisory Councils.

Strategic Planning-In early January 2005, the Board held its annual *strategic planning session*. One of the key outcomes of the Board retreat was a thorough review of our Ends Policies. Ends are the measurable goals, impacts and outcomes the Board wishes to achieve.

Leadership and Partnership Team- The PRHA Leadership and Partnership Team met several times throughout the year. Some of the roles and responsibilities of the Team include developing, implementing and monitoring the Regional Quality Improvement Plan as well as providing input in the implementation and monitoring of the Regional Strategic Health Plan.

Public presentations- The Board made a presentation to the *Healthy Kids/ Healthy Futures Task Force* in February 2005. The PRHA presentation provided some 'food for thought' regarding barriers that are impacting the Board's healthy lifestyles end. Although the PRHA is involved in many activities that promote healthy living for children and youth, it is recognized that individuals, families and communities need to be further engaged to make meaningful positive change.

Annual General Meeting- *The 2003-2004 Annual General Meeting* was held in November 2004, and featured a yearly overview of the organization's accomplishments and challenges. Guest speakers were Ms. Kelly McQuillen, of Manitoba Health, and Mr. Marc Clement, of the PRHA Diabetes Education Resource, speaking about diabetes issues in the Province and Region.

Marc Clement, of the PRHA Diabetes Education Resource, was one of the keynote speakers at the 2003-2004 Annual General Meeting of the Board.

Volunteer Awards- The Annual General Meeting also featured the first-ever Board Volunteer Service Awards. Six awards were handed out to very deserving individuals and representatives of a community group.

(See appendix C on page 57)

The PRHA Board, through its Community Relations Committee, further nominated Mr. Ken Mikolayenko of Ethelbert for the Premier's Volunteer Service Award, and CKDM Radio Dauphin for the Provincial Golden Hand Media Award.
Prior to the end of the fiscal year, the PRHA received notification that Mr. Mikolayenko and CKDM were both successful recipients of provincial volunteer recognition awards.

In closing, I would like to thank our management, staff and volunteers for the commitment they bring to their work. I, along with the rest of our Board, look forward to working with all of them, and our partners and stakeholders, over the coming year.

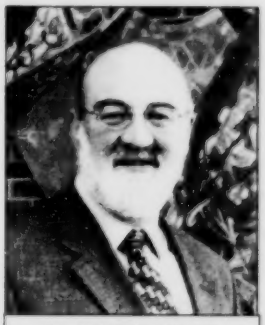
M Tolmie

Chair of the Board
Parkland Regional Health Authority

Chief Executive Officer's Message- André Rémillard

It is with pleasure that I submit the 2004-2005 Annual Report for the Board's consideration. Looking back at all of our accomplishments and challenges over a fiscal year is always a difficult task, but I would like to single out a few noteworthy events and items of significance over the past year.

Community Health Assessment- The PRHA's second ever *Community Health Assessment* was completed during the past year. The CHA provides information on 'who we are', 'how healthy we are', 'how we use the health care system' and 'how we support our own health.' **(For more information on CHA See appendix B on Page 56)**



André Rémillard

Accreditation-The PRHA was awarded *"Accreditation with Report"* from the Canadian Council on Health Services Accreditation (CCHSA) over the past year. *'With Report'* means that as a condition of maintaining accreditation status, the PRHA must provide a progress report back to CCHSA on specific recommendations contained within the Accreditation Survey. Some of the key recommendations that the PRHA must report back to CCHSA on December 30, 2005 include:

- Implementation of a formal regional human resources plan;
- Implementation of a region-wide performance appraisal system;
- Implementation of a coordinated infection control program that is consistent across all facility, sites and clinics within the Region;
- Development and finalization of an integrated information management plan for the RHA.

Client Representative- The PRHA had a full year with its new Client Representative Program. The Program receives, investigates and monitors client concerns throughout the Region. The Client Representative assists in directing individuals to appropriate programs and services to meet their health needs, ensures clients are well-informed about their rights and options, and assists in resolving specific concerns.

Telehealth services- Planning to expand Telehealth, to two additional sites within the Region, occurred during the past year. Plans include expansion of current services in Dauphin and Swan River, and future development of new sites in Ste. Rose and Roblin. Telehealth helps remove barriers of care for a percentage of Parkland residents who have to travel to access specialist care. It provides timely care and greater collaboration among health care professionals, and there are educational and administrative opportunities associated with the initiative.

Financial challenges- Despite our many successes of the past year, the PRHA was faced with financial and human resource challenges which have developed in the health sector over the past few years. As a result of those challenges, the RHA recorded a deficit of nearly $1.6-million for the year, compared to a $388 thousand deficit in 2003-2004. About half the deficit increase is due to a change in accounting/reporting of pre-retirement leave, which impacted the financial statement negatively by about $700-thousand. This deficit will be balanced with surpluses the Region has accumulated in past years.

Our Vision-Currently, our primary focus in health care is on illness – treating people and helping them recover after they are ill or injured. In undertaking this, we face ongoing challenges which are common to rural Manitoba and rural Canada. Recruitment and retention of qualified health professionals are challenges that we continue to work hard to address.

However, our Vision implies a broader intent. *Individuals, families, and communities achieving the best possible health and wellness* reflects our recognition that the health system cannot be solely responsible for the health of the population. Not only must individuals and families be committed to health and wellness, but communities and others must also be so committed. The RHA will work in partnership at all these levels to enhance and support the health of the population. Our Vision also moves us beyond a focus on treatment and care to a wellness and primary prevention emphasis.

I take this opportunity to thank RHA staff and management for their significant efforts and contributions throughout the year. Without their commitment to the Board, and our customers, the citizens of the Parkland Region, little could be achieved or accomplished.

In closing, we appreciate the direction and support provided by the Board, and look forward to another challenging and successful year ahead.

Chief Executive Officer
Parkland Regional Health Authority

Parkland Regional Health Authority
Board 2004-2005

Front left: Merv Toderian, Chair, R.M. Ochre River, John Zaplitny-Gilbert Plains, Jim Compton-Dauphin, Gordon Bishop- Ste. Rose.

Second row left: Heather Morden- McCreary, Anna Stewart- Roblin, Anne Lacquette- Mallard, Myrtle Bilow-Birch River.

Third row left: Dot Connolly-Sifton, Monica Black-Bowsman, Esther Fyk-Garland.

Back left: Doreen Stammen- Rorketon, Barry Chalmers-Swan River, Paul Freed- Swan River.

The Role of the PRHA Board

The PRHA operates under the direction of a 14 member Board, which is responsible to the Minister of Health. The Board's role is to ensure the organization's accountability by monitoring and evaluating its performance and by interacting and communicating with the public, stakeholders and partners.

Board Vision

"Individuals, families and communities achieving the best possible health and wellness".

Board Mission

In Pursuit of its Vision, the Authority exists so that there will be:

- **Optimal Quality of Life**
- **Healthy Lifestyles**
- **Healthy Environments**
- **Treatment of the ill and injured**

Board Governance

The Board has set four **Ends** that it reviews and monitors on a regular basis. (Ends are the measurable goals, impacts and outcomes the Board wants to achieve.)

The Board concentrates on areas where data indicates our Region needs improvement.

Specific to the Ends policies, the Board receives **monitoring reports** on the status of progress towards these Ends. These monitoring reports provide an overview of results relative to each End.

Health Planning Process

On its part, the Board reviews the organization's progress towards its declared Ends, determines whether or not progress is satisfactory, and evaluates the CEO's (and the organization's) performance based on these results. As well, the Board may review and/or modify the Board's Ends and expectations for the following reporting period.

Board Committees

The Board has four standing committees to assist the Board in carrying out its responsibilities. They are:

Executive Committee- Acts on behalf of the Board in urgent situations, when it is not feasible or practical to convene a meeting of the entire Board. The Committee must report any actions taken at the next meeting of the Board and it does not have the authority to change Board bylaws or policies or act against them.

Finance and Audit Committee- Reviews options and implications for the Board's consideration regarding finance, audit, and capital planning issues. The Committee also review's the appropriateness of the Board's own spending, in areas such as expense reimbursement, Board development and other Board expense accounts.

Program and Planning Committee- Helps identify a list of ongoing educational needs of the Board and provides written alternatives and implications for the Board's consideration regarding how to meet those educational and developmental needs. The Committee also reviews policy alternatives and implications for the Board.

Community Relations Committee- Reviews and makes recommendations to the Board in relation to the Board's communications with its stakeholders. The Committee also advises the Board on policies and procedures relating to Board interaction with Advisory Councils, municipal and provincial politicians and the general public.

Board Advisory Councils

The Board meets with and relies on input from four *Advisory Councils* as a means of linking back to communities. These Advisory Councils are an important mechanism for participation and planning within the Parkland health system. The role of Advisory Councils is to understand issues, focus on priorities, balance alternative approaches and recommend solutions and actions to the Board.

District Health Advisory Councils (DHACs)- The PRHA has two District Health Advisory Councils, one representing the **East** and one representing the **West.** These two Councils generally meet four times a year and as specific projects and issues arise. They are focal points for community participation and an important vehicle for two-way communication with the PRHA Board.

Regional Mental Health Advisory Council (RMHAC)- The RMHAC acts in an advisory capacity to the PRHA Board and helps develop recommendations regarding mental health priorities in the Region.

Spiritual Advisory Council (SAC)- The Spiritual Advisory Council aims to integrate spirituality into our health care system. The Council advocates for the care and treatment of the whole person (physical, psychological, social and spiritual). SAC develops recommendations for the setting of spiritual care priorities and educational coordination within the Region.

Regional Mental Health Advisory Council 2004-2005

Alex Bassett
Bob Curle
Louise Debuekelare
Marvin Fried
Ben Fry
Lynda Mann
Garry Meadows
Geri Perche
Sylvia Reid
Gerald Shewchuk
Eleanor Snitka- Chair
Wesley Rumak
Ella Wynn

Regional Mental Health Advisory Council- From back left, Bob Curle, Dot Connolly (Board Liaison) Wes Rumak, and Gerald Shewchuk. Middle row from left are Geri Perche, and Eleanor Snitka. Pictured in front is Garry Meadows.

Spiritual Advisory Council 2004-2005

Elvier Brunel
Msgr. Michael Buyachok-Chair
David Johnson
Rev. Margaret McCallum
Larry Moar
Olive Seale
Barb Sutherland
Pat Tichon
Pastor Allen Unger
Sister Jean Zemliak

Spiritual Advisory Council- Back left are Larry Moar and Esther Fyk (Board Liaison). Front left are Sister Jean Zemliak, Barb Sutherland and Rev. Margaret McCallum.

Eastern District Health Advisory Council- 2004-2005

Wayne Beyette
Marlene Bouchard
Bob Curle
Karin Fendick
Diane Hrychuk
Gloria Kostelnyk
Gail Overgaard
Joan Parthenay
José Randell-Chair
Jannett Terrick
Ollie Yaremchuk

Western District Health Advisory Council- 2004-2005

Eve Baptiste
Anita Dixon
Alf Dressler
Dianne Hamiwka-Chair
Linda Manweiller
Amy Shaw
Lorene Ward
Debra Wilson

Eastern District Health Advisory Council- Front left are Joan Parthenay, Bob Curle, and Wayne Beyette. Back left are Ollie Yaremchuk, Gail Overgaard, Jannett Terrick, Gloria Kostelnyk, José Randell, and Gord Bishop (Board Liaison)

Western District Health Advisory Council- Front left are Dianne Hamiwka, Amy Shaw, Paul Freed (Board Liaison) and Alf Dressler. Back left are Debra Wilson, Lorene Ward, Anita Dixon, Eve Baptiste and Ellen Ledieu (Staff Liaison)

Communications

The PRHA strives to keep residents of the Parkland Region informed about their health system and health and wellness opportunities. As such, the PRHA remains committed to an effective communications strategy designed to reach its key audience- residents of the Parkland Region.

Last year, several initiatives kept both Parkland residents and staff informed. They included:

- **Communication Corner**-To submit timely, topical articles, a new PRHA information column was initiated in March 2005. These articles appear free of charge in the Parkland Shopper newspaper, and are also offered to other major weekly newspapers in the Region.

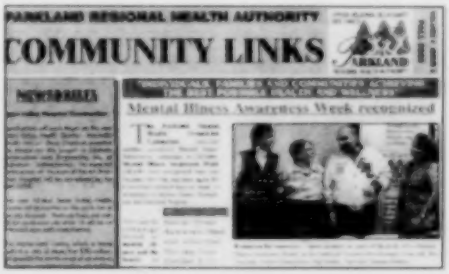
- **Health Beat Radio Show**- The PRHA and its partner organizations continue to air key health messages through the Parkland Health Beat show. CKDM Radio in Dauphin provides the time for this program on Tuesdays as a public service to the community. Topics that warrant special attention are arranged to provide more exposure. One such call-in show aired on CKDM in January 2005. The show focused on the Provincial *Non-Smokers Health Protection Act* tips to quit smoking.

- **Community Links Newsletter**-was published four times in 2004-2005. Nearly 19,000 copies of each edition were distributed to households in the Parkland Region.

- ***Web site***- Content on the PRHA web site (www.prha.mb.ca) was redeveloped during 2004-2005. The update was intended to provide additional information on the PRHA's programs and services, more health education and prevention articles, links to PRHA partner agencies and organizations and an enhanced human resources section.
  Board Minutes (once approved) and Board policies are posted on the RHA website. Minutes are also distributed to facilities and municipalities upon request.

- **Annual Report**- For the first time, in 2004-2005, a condensed version of the Board's Annual Report was produced and distributed throughout the Region. The abridged version was also posted on the PRHA web site. The complete Annual Report is distributed throughout the PRHA and to various partner organizations.

PRHA Resource Directory- A Directory of Programs and Services is available to the general public. The Directory is distributed through facilities, community health offices, municipal and community council offices, First Nations communities, and libraries.



The Community Links newsletter is published quarterly and is distributed to over **19,000** Parkland households.

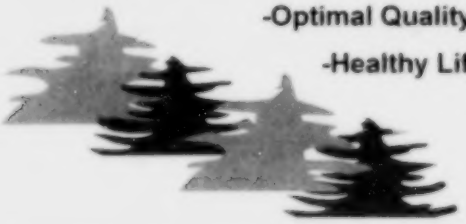
- **Regional Links Newsletter**- was published four times in 2004-2005. Nearly 1100 copies of this newsletter are distributed to staff, volunteers and physicians throughout the Region.

- **Communication plan**- The Community Relations Coordinator distributes PRHA media releases or media advisories, and also makes them accessible to municipalities, to keep the general public informed about important decisions or issues. There are several areas the PRHA enhanced communications with the general public in 2004-2005. Separate communications were developed for:

    - Primary Health Care
    - Community Health Assessment
    - Regional Response Planning (SARS, West Nile Virus, Pandemic Flu)
    - Mental Health Awareness
    - Diabetes Education

Our Mission:

The Parkland Regional Health Authority exists so that there will be:



-Optimal Quality of life

-Healthy Lifestyles

-Healthy Environments

-Treatment of the ill and injured

The Performance Story:

Optimal Quality of Life

- Residents experience optimal quality of life-

Goal: Seniors maintaining the highest level of independence possible.

Actual Results/Accomplishments:

- The range of community-based services to seniors includes coordination or support services such as home and yard maintenance, meals on wheels, congregate meal programs, and adult day programs.
    - The PRHA provides funding to nine (9) Community Resource Councils (CRCs) to provide support services to seniors living in the community. CRCs operate in the following communities: Alonsa, Dauphin, Gilbert Plains, Grandview, McCreary, Roblin, Rorketon, Ste. Rose and Swan River.
    - There are 17 congregate meal programs in 11 communities in the Region. These programs provide a nutritious hot meal in a social atmosphere to seniors living independently. Meals on Wheels are provided through facility and community settings to bring a nutritious meal to frail seniors where congregate meal programs are not available. The number of meals provided by both the Congregate Meal Program and Meals on Wheels has increased steadily during the past three years.
- A PRHA quality team conducted an assessment of challenges faced by frail elderly living in the community.
- A comprehensive review of the Adult Day Program in the PRHA was completed and revised PRHA Adult Day Program guidelines were developed. The Region assisted in the development and implementation of a new provincial reporting format for the Adult Day Program.
- The PRHA partnered with other agencies to develop a Seniors Abuse guide.
- Respite services are available in personal care homes throughout the Region. Overall, the respite beds in these facilities were utilized about 70 per cent of the time.

Challenges and Future Directions

- The lack of affordable seniors housing with around-the-clock support has been identified as an issue in many communities in the Region. Planning for development of supportive housing initiatives in the Region will continue in 2005-2006.
- The Region is working towards increasing the number of communities that have a Community Resource Council (CRC), and increased funding to existing CRCs, based on availability of funding (new funding, transfer of funding from Home Care budget).
- The Home Care Program is working towards the establishment of additional congregate meal programs and/or the expansion of existing congregate meal programs, based on availability of funding (new funding or the transfer of funding from Home Care budget).
- The Region will implement the revised Adult Day Program Guidelines.

Indicator:

Number of meals served to seniors through congregate meal and meals on wheels program

Community Meal Programs for Elderly - Number of Meals Served	2004/2005	2003/2004
Congregate Meal	57,003	58,077
Meals on Wheels – Facility	13,592	12,305
Meals on Wheels – Community	6,113	6,067
Total Meals Served	76,708	76,449

Indicator:

Long Term Care Respite Services

	2004/05				2003/04			
Facility	No. of Respite Beds	No. of Clients	No. of Admissions	Bed Occupancy	No. of Respite Beds	No. of Clients	No. of Admissions	Bed Occupancy
Dauphin PCH	3	32	71	97%	3	32	71	97%
Dr. Gendreau PCH	1.5	20	36	75%	2	18	49	86%
Swan Valley PCH	2	11	21	25%	2	11	21	25%
Crocus Court PCH	1	10	12	61%	1	11	12	72%
Gilbert Plains PCH	1	12	23	76%	1	12	26	81%
TOTAL	**8.5**	**85**	**163**	**69%**	**9**	**84**	**179**	**72%**

Optimal Quality of Life

Goal: To maintain an individual's physical, social, and psychological well-being by fostering functional independence and the quality of a person's life in the Personal Care Home (PCH).

Actual Results/ Accomplishments:

- Three surveys were developed by the Regional Long Term Care Team to assess the resident's satisfaction with the Admission and Communication processes as well as the Quality of Care provided in personal care homes in the Region. The regional results were generally positive and each facility is to use the regional results as a base line to implement changes and improvements in their facility.

- The PRHA Least Restraint Policy has been fully implemented in all Long Term Care facilities within the Region, and is based on the Manitoba Health Policy '*Restraints in Personal Care Homes – Resident Safety*'. Goals of the restraint policy are:

    - Reduce the number of restraints;
    - Optimize the residents feeling of wellness, safety and security;
    - Maximize individual freedom and choice;
    - Consider each resident's needs on an individual basis;
    - Recognize that the facility has a moral and legal responsibility to provide a safe environment to the residents, visitors and employees;

  Information pamphlets have been developed and provided on admission to the Personal Care Home. The pamphlets are also available for staff and visitors. New employees are provided with education packages on the Least Restraint Policy and education sessions regarding the policy are provided annually to residents, families and staff.

Challenges and Future Directions:

- Staff will continue to strive to provide a home-like environment for residents living in Personal Care Homes (PCHs). The Region will explore the feasibility of introducing the '*Eden Alternative*' concept to all PCHs in the Region. The goal of *Eden Alternative* is to improve the well-being of elders, and those who care for them, by transforming the personal care home into a home-like community environment.

- Personal Care Homes in the Region are experiencing chronic shortages of qualified staff.

Indicators:

- The PRHA will be auditing compliance with the policy specifically the assessment form completed, alternatives/interventions documented, consent obtained, monitoring of resident documented, recorded on Care Plan and reviewed quarterly.

- Compliance with Manitoba Health Personal Care Home standards and regulations.

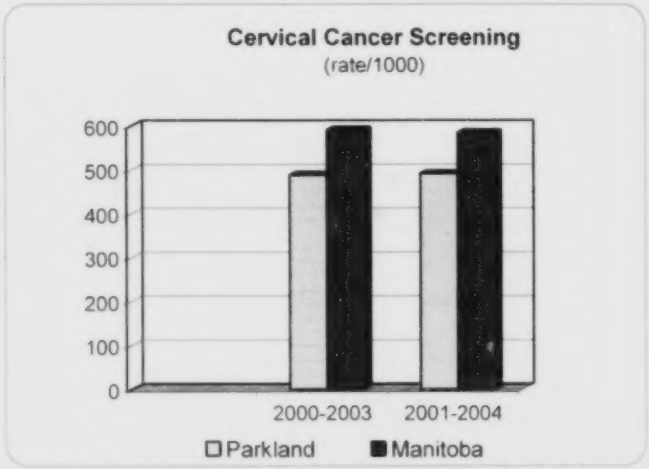
Healthy Lifestyles

-Residents are aware of, and make, healthy lifestyle choices-

Goal: Provide increased opportunity for disease screening

Actual results/accomplishments:

- The mobile mammography program held screening clinics in Dauphin, Roblin and Swan River, providing screening to 945 women.
- *The Manitoba Cervical Cancer Screening Program* approved a Regional proposal for a demonstration project, intended to evaluate the feasibility of nurse – run women's health clinics. Two nurses have received training to perform Pap tests under delegation of physician service agreements.



Challenges and Future Directions:

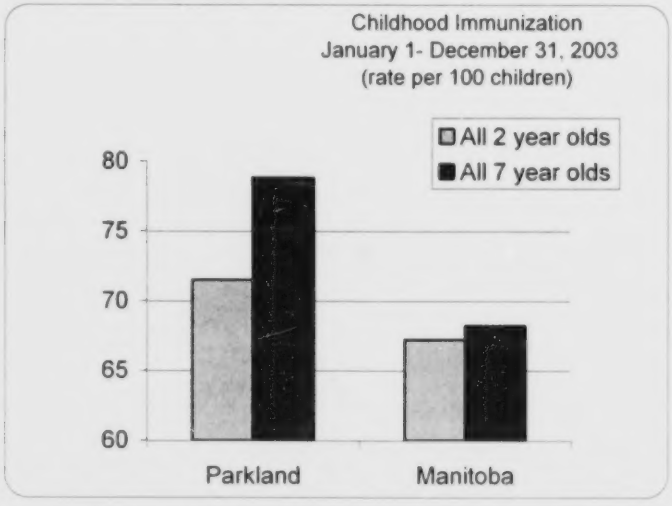
- The Parkland is below the provincial average cervical cancer screening rate. Women's health clinics will be developed in primary health care centres in several communities in the Region as part of the pilot program to enhance the rate of cervical cancer screening.
- Enhancement of primary health care services in the Region will provide opportunities to increase screening for diabetes and other chronic diseases.
- While Parkland mammography screening rates have improved since late 1990, and are now among the highest in the Province, the Region is still below the provincial target of 70 per cent of eligible women receiving screening. The PRHA will collaborate with the *Manitoba Breast Screening Program* to enhance access to mobile mammography for women in the Parkland Region.

Residents are aware of, and make, healthy lifestyle choices.

Goal: Prevention and control of communicable disease in the Parkland.

Actual Results/Accomplishments:

- Children in the Parkland are immunized at a relatively high rate. However, the Public Health Program in the Region continues to strive to reach an overall childhood immunization rate of 80%.
- In the fall of 2004, Manitoba Health expanded the routine childhood immunization schedule to include varicella, meningococcal, and influenza. PRHA offered these immunizations via child health clinics and school-based immunization clinics.



- An outbreak of Hepatitis C occurred in two communities in early 2004. Public health nurses managed investigations according to Communicable Disease protocol. This outbreak resulted in a strengthened relationship between PRHA Public Health staff and the Swampy Cree Tribal Health with health care providers and residents in affected communities collaborating in the development of harm reduction approach.
- Influenza and pneumococcal immunization clinics were offered at 73 communities in 2004, with immunizations provided to 6,477 individuals. A high level of influenza immunization will provide a baseline of protection to individuals and communities in the event of a pandemic outbreak.

Number of people receiving Flu and pneumococcal Immunizations

	2004/2005	2003/2004
Health Care Workers	764	763
Over 65 Years of Age: • High Risk	4,950	5,291
Total Immunized	***5,714**	**6,054**

*As the final report for 2004/2005 has not been released, the 2004/2005 statistic does not include the number of people who received immunizations within physician offices, medical clinics, or First Nations Health Centres within the Region.

Challenges and future directions:

- Health care workers are at particular risk of contracting influenza in the event of a widespread outbreak. In 2004, roughly 30% of PRHA staff received influenza vaccine. There is a need to continue efforts to increase influenza immunization rates among health care workers.
- The Region enhanced primary health care services and the cervical cancer screening demonstration project will provide opportunities for increased screening and treatment of sexually transmitted infections including Chlamydia.
- A sexually transmitted disease reduction strategy will be implemented within the Region.
- The PRHA is working on implementation of a Regional Immunization Strategy.
- The Region will continue to work with Manitoba Health in efforts related to Pandemic Influenza preparedness.

Indicator:

Person determined to have a communicable disease on the basis of clinical and/or laboratory evidence reported to the region.

CASES	2004	2003
Sexually Transmitted Diseases:		
Chlamydia	**83**	74**
Gonorrhea	**6**	9
Chlamydia/Gonorrhea	*	5
HIV	**0**	0
Other Communicable Diseases:		
Hepatitis B	**0**	0
Hepatitis C	**26 (18 OB)*** **	6
Pertussis	**0**	*
Tuberculosis	*	*

**** less than 5 cases/contacts***
*****The STI numbers are those that have received follow-up by Public Health staff***
******OB- Outbreak***

Healthy Lifestyles

Residents are aware of, and make, healthy lifestyle choices.

Goal: Develop strong, supportive families that enable healthy growth and development.

Actual Results/Accomplishments:

- Programs of Healthy Child Manitoba in the Region focus on supporting families by creating environments that encourage early child development.

  The *Baby First* and *Early Start* Programs were integrated to create the *Families First Program*. The Program accepts identified prenatal families and parenting families with children up to age four, offering three years of home visiting services to offer greater access to strength- based supports, build foundations for strong family functioning, support healthy childhood growth and development, and encourage positive parent/child relationships. Staffing levels were increased in all districts to meet the growing needs of the program.

- The Regional *"Growing Great Families"* Healthy Baby Program provided group education and activities for mothers and infants in the communities of Swan River, Waterhen/Mallard, Crane River, and Roblin. Program staff also support Dauphin Friendship Centre in Healthy Baby service delivery in the communities of Dauphin, Camperville, and Duck Bay.

Challenges and Future Directions:

- The Region will work towards strengthening promotion and support of breastfeeding via health professional education, policy development, and development of lactation consultant services.

Indicator:

Participants in Healthy Child Manitoba Programs in Parkland

	2004/2005	2003/2004
Families First	43	52
Healthy Baby	190	189

Healthy Lifestyles

Residents are aware of, and make, healthy lifestyle choices.

Goal: Parkland residents make positive choices for healthy living.

Actual Results/Accomplishments:

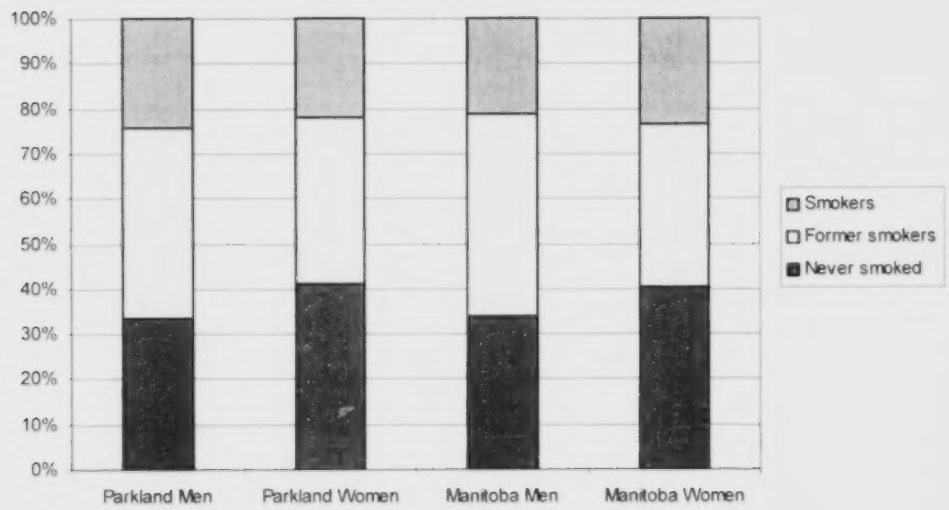
- The Region developed a chronic disease prevention strategy with the formation of community committees in Barrows and Rorketon, and plans for expansion to other communities in the next year. These communities will develop and implement action plans related to physical activity, healthy eating and reduction in the use of tobacco.
- In collaboration with Regional partners, the PRHA developed a Regional Injury Prevention Framework.

Challenges and Future Directions

- According to the Canadian Community Health Survey (CCHS) conducted in 2003, approximately half of Parkland men and women are not active enough during their leisure hours to achieve health benefits, and only 24% of men and 38% of women eat the recommended amount of fruit and vegetables per day.
- Residents of the Parkland have rates of diabetes, heart attack and stroke that are much higher than the province as a whole.
- The Region will develop a Chronic Disease Prevention proposal which will be submitted to Manitoba Health.
- Working groups will be established to develop a Regional Injury Prevention Strategy.

Indicator:

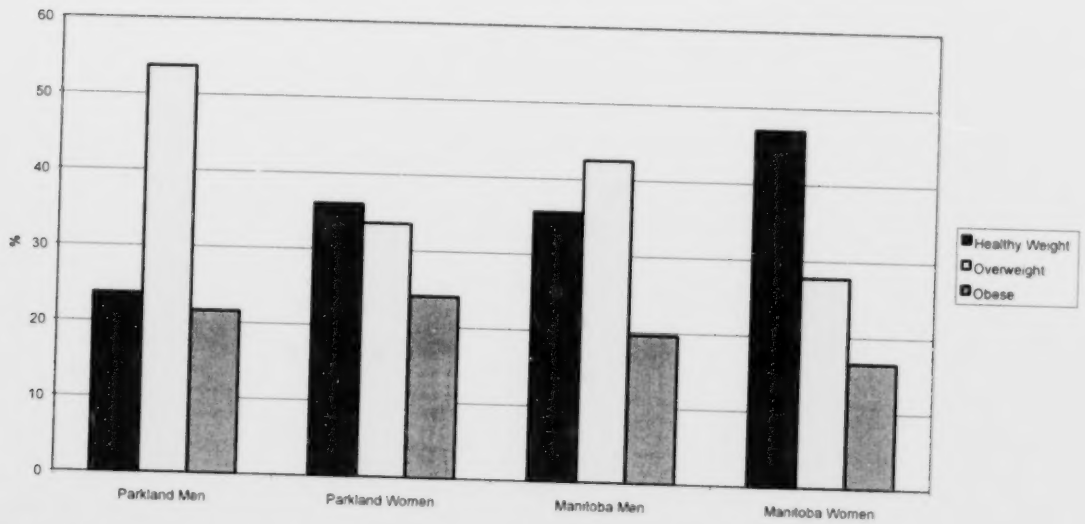
5.7 - Smoking
2003 CCHS



-Less than a quarter of Parkland men and women were smokers in 2003. Smoking rates for both men and women in Parkland are similar to the Manitoba average.

Indicator:

5.6 - Body Weights
2003 CCHS



-In Parkland, both men and women age 18 and over, are more likely overweight and obese than Manitoba men and women.

Healthy Environments

-Residents live in a safe, healthy environment-

Goal: To increase public awareness of preventative measures for environmental-related illness.

Actual Results/Accomplishments:

- The PRHA participated in the Western Regional West Nile virus (WNv) Response Team, which reported to the Provincial WNv team.
- Radio, local newspapers, and the "Community Link" were used to provide ongoing information to the public about West Nile virus, Hantavirus, Lyme Disease, and Q-Fever.
- The Region supported implementation of Provincial Non-Smokers Health Protection Act.

Challenges and Future Directions:

- The Region will continue to work with Manitoba Department of Conservation and the Medical Officer of Health in relation to reportable food and waterborne diseases.

Indicators:

Number of cases of reportable environment-related communicable disease

Cases	Parkland 2004	Parkland 2003	Manitoba 2004	Manitoba 2003
West Nile virus	0	7	*	142

Number of cases of food and waterborne illness

Cases	2004		2003	
	Parkland	Manitoba	Parkland	Manitoba
Giardia	*	141	*	114
Salmonella	9	159	7	177
Verotoxin-producing organisms	*	59	*	83

***Indicates less than 5 cases.**

Healthy Environments

Goal: Communities are prepared to respond to internal and external disasters.

Actual Results/Accomplishments:

- The PRHA, in partnership with the Office of the Fire Commissioner, has developed a planning process for an integrated disaster response for the Region. In conjunction with the Fire Commissioner's Office, conducted multi-disciplinary, in-house training, of facility and program managers, ambulance staff, and senior executive in the Incident Command System response model.
- The Region established a network of after hours "on-call" systems for the Region, including disaster, community health facilities, and PRHA executive management, which links directly with Manitoba Health and Medical Officer of Health "on-call" emergency responses.
- The Director of Emergency Medical Services, in conjunction with Emergency Measures Organization and Manitoba Health, provided extensive training to facility and EMS personnel on the response and management of hazardous material.
- The PRHA ratified Memoranda of Understanding (MOU), for coordinated Disaster Response, with a number of municipalities within the Region.
- All entities within the PRHA developed disaster response plans using the 'Incident Command' structure.

Challenges and Future Directions:

- An integrated disaster response to emerging communicable disease threats is being developed that involves community and facility responses with the Regional Plan. The Region is linking with Manitoba Health to ensure consistency with national and provincial plans.
- Collaboration with organizations at the provincial and regional level will continue in development of a pandemic influenza response plan for the Region.
- The PRHA will continue with Region-wide training in the Incident Command System response model.
- The PRHA and its programs will be harmonized with municipal disaster preparedness plans.
- The Region will develop a Major Incident Response Team (MIRT), working under the Incident Command model, for integrated, safe response to major incidents.

Indicator:

- All Programs and services within the Region participated in a province-wide emergency response 'fan out' exercise.

Healthy Environments

Goal: To develop a culture of safety and continuous improvement.

Actual results/accomplishments:

- Working in conjunction with the Department of Labour, the Region instituted a re-engineering of the PRHA's Workplace Health and Safety Program. A long-term goal has been established to achieve a culture of safety when PRHA staff members are completing their responsibilities. Training sessions have been completed for managers and safety & health committee members throughout the region to provide direction and understanding in relation to their responsibilities in fostering a culture of workplace safety in PRHA.
- PRHA has established a relationship with *Change Innovators*, Workplace Health and Safety consultants in the development of a regional safety & health program.
- As part of the PRHA Workplace Health and Safety Program development, Job Hazard Analyses were completed for each position within the Region in order to identify any safety issues and to develop safe work procedures for employees.
- The regional preventative maintenance program established in 2003/2004 provided results to improve patient safety and workplace safety.
- Education sessions have been provided for a variety of department specific safety topics in relation to workplace safety and health requirements.
- The Performance Management Program was enhanced to provide all employees of the PRHA with a mechanism to have performance evaluated and to establish goals to improve personal growth in relation to contributions to the services and programs provided by the PRHA.
- The PRHA was awarded a three-year "Accreditation with Report" from the Canadian Council on Health Services Accreditation (CCHSA). All programs and services within the Region participated in the process.
- PRHA established a Staff Education Manager position to assist in identifying and facilitating needs for employees relating to orientation, education and staff development.
- A number of staff wellness groups have been established at sites throughout the Region.
- The Medical /Surgical Team initiated a Quality Improvement Project to study the number and types of needlestick injuries that were occurring in all service delivery programs throughout the region. A list of 11 recommendations regarding prevention strategies, staff education, safety devices and reporting processes were developed and are currently being implemented.
- The PRHA commissioned an external review of the sterilizing process for instruments/specialized equipment, performed in the Dauphin Regional Health Centre, Swan River Valley Hospital, Ste. Rose General Hospital, Winnipegosis Health Centre and Grandview Hospital. The recommendations of this professional review are currently being implemented.
- A Risk Management Framework is being developed within the Region.
- An incident reporting system in all programs and services was implemented throughout the Region.
- Policies were developed to comply with risk management and insurance issues for non-resident patients.

Challenges and Future Directions:

- The PRHA will put in place processes and systems to meet CCHSA "Patient Safety Goals and Practices."
- The RHA will continue to complete frameworks for risk management.
- Policies and procedures are being developed to ensure the PRHA is compliant with Workplace Health and Safety legislation.
- The RHA will continue to integrate risk, quality and program plans.

Indicators

- Regional Encon reports
- Regional critical occurrence reports
- Critical clinical occurrence reports.

Treatment of the ill and injured

Goal: Residents have timely access to assessment, diagnosis and treatment.

- *Timely is the extent to which services are provided and or activities are conducted to meet client needs at the most beneficial or appropriate time.*
- *Access is the ease with which the client obtains required or available services.*
- *Assessment, diagnosis and treatment activities occur across the continuum of care.*

Actual results/Accomplishments:

Acute Care:

- The majority of Parkland residents access hospital services in the Region. Over 75% of Parkland residents obtained their hospital services within the Region.
- The obstetrical program was consolidated to two sites in the Region.
- Swan Valley Health Facilities retained the services of a resident, Canadian-certified, Internist.
- The Region introduced a new blood testing analysis to more accurately diagnose acute heart attacks. This new diagnostic tool, known as "*cardiac markers*", provides timely, accurate information to aid the physicians in the appropriate diagnosis and treatment of patients with chest pain. In addition, this testing will prevent unnecessary patient admissions with a low probability of acute coronary artery disease and inappropriate discharge of patients who have undiagnosed acute heart attacks.
- Rehabilitation Services were reinitiated within Dauphin Regional Health Centre with eight (8) designated beds. These eight beds primarily service the south area of the Parkland. Swan Valley Hospital continues to operate 12 rehabilitation/extended treatment unit beds for the northern part of the Region.
- A Regional rehabilitation admission policy was established outlining criteria to be used by the multidisciplinary team. This policy assists the team when deciding who may be admitted to the Rehabilitation Service.
- Ultrasound wait times in the Region have increased by 2.5 weeks in the past year as a result of being unable to fill a vacancy of a part-time technologist since August 2004.
- The biochemistry equipment in Grandview and Winnipegosis laboratories was upgraded. The updated equipment, and resulting staff skill training, allowed additional testing procedures which assists in assessing kidney, pancreas and liver functions.
- Wait times for CTs (Computed Tomography) have continued to increase and now sit at the Provincial rural average.

Challenges and Future Directions:

- The Region continues to experience chronic shortages of nursing, diagnostic, and pharmacy staff.
- Ongoing recruitment and services strategies continue within the Region to address lack of onsite Radiologist services.
- The PRHA is working with Swan Valley Health Facilities, the Manitoba Renal Program and the Province on expansion of the Hemodialysis Program within the Region.
- The Region currently has 5.1 acute care beds per 1000 residents. The provincial average is about 3.8 beds per 1000.
- The Region has begun recruitment initiatives for an obstetrician/gynecologist.

Indicator:

Diagnostics Waiting List

	Parkland		Rural Manitoba
	2004/05 Wait Time (weeks)	2003/04 Wait Time (weeks)	2004/05 Wait Time (weeks)
Ultrasound	7.8	5.3	9.6
CT Scan	6.1	5.0	6.2

Long Term Care:

- The Region initiated an Interim Placement Policy for those individuals who have already been through the Paneling Process and are awaiting placement to a Personal Care Home but are still in a Hospital bed. This initiative should assist in providing clients with the care they should be receiving while at the same time assisting in making much needed Acute Care beds available to those who need them.

- PRHA Therapy Services implemented the Activity and Wellness Program at the Dauphin Regional Health Centre. The initiative, focused specifically on care of hospitalized frail elderly, is aimed at maintaining or improving physical and psychosocial functioning and enhancing overall quality of life for these individuals who are at risk of prolonged hospital stays.

- Overall, the number of clients waiting for admission to a Personal Care Home has decreased by 16. 5 %. There is considerable variation across the Region, with no clients on the waiting list in the North District, and 31 clients in Central District.

Challenges and Future Directions:

- The Region will explore supportive housing initiatives that enable seniors to continue to live in the community.

Indicators:

- With 4,332 residents of the Region over the age of 75, Long Term Care (LTC) bed availability is 123 beds per 1000 population over age 75. This is slightly higher than the Provincial average of 120 beds per 1000 population over age 75.

Treatment of the Ill and Injured

Goal: Residents have timely access to assessment, diagnosis and treatment.

Actual results/Accomplishments:

Primary Health Care

- Primary health care has been adopted by the PRHA as the framework for delivery of all community health services in the Region. Primary health care includes a broad range of activities and services including health promotion, disease and injury prevention, clinic-based services, as well as education and support for persons with chronic disease.
- The Benito Primary Health Care Centre opened in 2004. Through consultation with residents of the community the health care priorities of women's health and chronic disease management were identified.
- Staff development within the Region included a focus on the management of arthritis and diabetes, and women's health.
- The construction of primary health care centres in the communities of Camperville and Waterhen continued. The position of Health Promotion Coordinator -Mental Health was developed. A community engagement process will be used to identify health care priorities for residents of the communities of Camperville, Duck Bay, Waterhen, Mallard, Meadow Portage and Rock Ridge.
- Enhancement of diabetes services to at-risk populations is a priority in primary health care. In 2004 outreach clinics were developed in eight (8) new communities including Bacon Ridge, Camperville, Crane River, Duck Bay, Mafeking, McCreary, Pelican Rapids and Waterhen. Efforts were initiated for the early identification of complications of diabetes. Teams of physicians, nurses and dietitians received education in complication assessment and a clinic-based approach was piloted in collaboration with the Dauphin Medical Clinic.

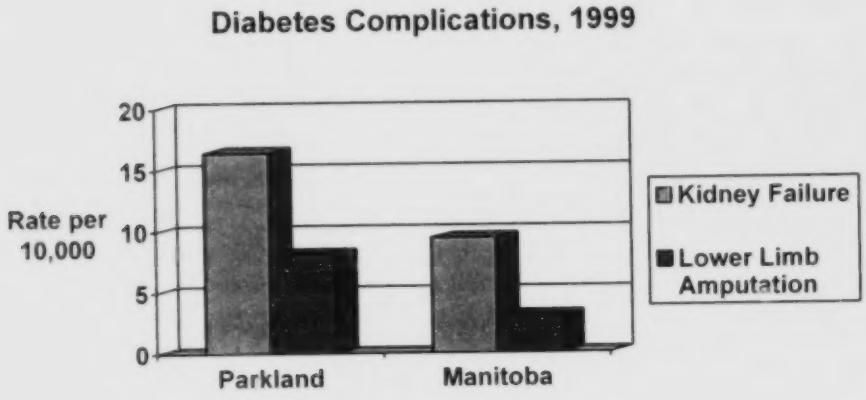
Construction occurred on Primary Health Care Centres in Waterhen and Camperville in 2004-2005.

At the Benito Primary Health Centre official opening, elementary school students performed a skit on factors influencing health.

Challenges and Future Directions:

- Continued expansion of the Regional Diabetes Program will continue to be a priority, and will include activities to prevent or delay the onset of diabetes, community-based screening of at-risk populations, enhanced access to self-management information and assessment for complications of diabetes.

Indicator:


Diabetes Complications, 1999
Rate per 10,000
20
15
10
5
0
Parkland
Manitoba
Kidney Failure
Lower Limb Amputation

Mental Health

Actual results/Accomplishments:

- The Region was able to enhance access to psychiatrist services with the expansion of service provision through the Swan River Telehealth site.
- The number of people receiving community mental health services increased, indicating ongoing need for services in this area.
- The PRHA, in collaboration with the Addictions Foundation of Manitoba, has developed a plan to better meet the needs of persons with co-occurring addictions and mental health problems. Staff in each agency received training in the assessment and management of co-occurring disorders.

The Parkland's H.E.R.O. Program was front and centre at a special awards ceremony in Winnipeg March 12, 2005. From left, Mary Ellen Parsons, Ed Miller, Ernest Asham (Dauphin HERO), Pam Jordan (Dauphin HERO), Joe Harambura (Roblin HERO), Jason Hrappstead (Swan River).

- A Community Mental Health Consumer Survey was undertaken in the Region. Over 90% of respondents indicated satisfaction with the timeliness with which service was provided. Concern was expressed within the survey with access to psychiatrist care.
- Canadian Mental Health Association (CMHA) was contracted to undertake a Housing Survey with identified vulnerable groups across the Parkland. Results were available in fall of 2005. The survey will provide information for development of the mental health housing program.
- Helping Everyone Reach Out (HERO Club) continues to expand with enhanced space in Roblin and several additional vocational programs through the Dauphin HERO club. Mr. Ed Miller (R.H.A. Mental Health Worker) was recognized with the prestigious IRIS Award presented by the Manitoba Schizophrenia Society for his work with the Parkland HERO clubs. HERO clubs are for Parkland residents who live with mental health issues. Clubs provide support through organized fellowship that may include vocational focus.

Challenges and Future Directions:

- PRHA mental health staff and addictions programs in the Region will implement enhanced screening of persons at risk for co-occurring disorders.
- Efforts will continue to recruit a second full-time psychiatrist for the Region, and to enable access to psychiatrist consultation services for children and adolescents.
- The Mental Health Program will redesign the Mobile Crisis Service to reflect service needs and staffing realities.
- Integration of consumer feedback into both our service planning and our continuous quality improvement process will continue. This includes feedback from the Housing Survey mentioned earlier on this page.
- The PRHA will continue to work on the organization and leadership of the Parkland Suicide Prevention Coalition.

Indicator:

Number of people served by Community Mental Health Services

	Child & Adolescent	Adult	Geriatric	TOTAL
2004/05	193	900	264	1357
2003/04	208	711	254	1173

Treatment of the Ill and Injured

Residents have timely access to assessment, diagnosis and treatment.

Goal: Expansion of the Telehealth Program in Parkland.

Actual Results/Accomplishments:

- Telehealth sites in the Region continued to see increased activity with Dauphin increasing by 18.5 % and Swan River by 14.2 %, compared to 2003-2004. Specialty physician consultations accessed by Parkland Region in Winnipeg and Brandon include oncology, dermatology, pediatric psychiatry and surgical programs.
- Expansion of the Telehealth Program in the Region began with a Needs Assessment in Ste. Rose and planning for a similar assessment in Roblin.
- The Dauphin General Hospital Foundation approved funding for the purchase of additional equipment to better meet the needs of residents of Dauphin and area.

Challenges and Future Directions:

- In 2005/2006, Telehealth will be expanded to the communities of Ste. Rose and Roblin, and additional equipment purchased for the centres in Dauphin and Swan River.

--Photo courtesy Manitoba Telehealth

Much of the increased clinical Telehealth activity during the past year results from Dauphin physicians providing additional consultative services to patients in Swan River as well as out of Region.
Standing left to right: Surgeon Dr. Willemse, O.R. Clinical Resource Nurse Joanne Bulloch, Anesthetist Dr. Scott;
Sitting left to right: Anesthetist Dr. Wiens, Anesthetist Dr. VanAlystyne.

Indicators:

Telehealth Utilization- Dauphin & Swan River					
	Clinical	Continuing Education	Administration	Other	Total
2004/05	1489	254	84	1	1828
2003/04	1333	160	61	15	1569

Treatment of the Ill and Injured

Goal: To increase the percentage of Parkland Region's population having Emergency Medical Response in less than 30 minutes.

Actual Results/Accomplishments:

- The PRHA continued collaborative planning efforts with the R.M. of Mountain, regarding expansion of emergency medical services to the northwest part of the Region. A 24-hour, 7-day a week ambulance service, with permanent emergency medical response staff, was being developed for the Mafeking area.
- The PRHA, in conjunction with the Swan Valley Health Facilities Foundation, commenced planning for construction of a new ambulance facility within the Swan River Valley.
- Through Manitoba Health's Fleet Vehicle Program, the Region assigned two (2) new ambulances to serve the communities and areas surrounding Roblin and Ste. Rose.
- An Emergency Medical Services (EMS) Ecucation Officer was introduced within the Region to develop, coordinate and implement EMS education programs and monitor Quality Assurance.

Challenges and Future Directions:

- The Mafeking EMS station will commence operations which will enhance Emergency Medical Services in the Northwest part of the Region.
- Construction of the Swan River EMS station in Swan River will be completed in 2005/2006.
- The ambulance vehicle in Ethelbert will be replaced to coincide with the opening of the newly-constructed Ethelbert Fire Hall.
- The PRHA will establish a coordinated process for the transfer of patients within the Region for both inter-facility and primary responses.
- The Region will continue to develop and implement Mutual Aid Agreements. These agreements will provide backup ambulance service coverage during emergencies and increase coordination and integration of ambulance services across the Region and with other RHA's.

Indicator:

2004/2005 Regional Summary of Pre-Hospital Response Time (Within 30 minutes)

Dauphin	97 %
Ethelbert	100%
Grandview	100%
McCreary	97%
Roblin	97%
Swan River	87%
Waterhen	96%
Winnipegosis	71%
Ste. Rose	85%
Gilbert Plains	97%

Treatment of the Ill and Injured

Goal: Residents receive appropriate care in the appropriate setting

Actual Results & Accomplishments:

- The percentage of day surgeries compared to total surgeries at Dauphin Regional Health Centre (DRHC) is 72%. Advances in surgical technology and equipment have allowed more procedures to be performed on a day surgery (going home on the same day as surgery) basis. This compares favourably to similar-sized facilities in the province.
- The Palliative Care Area at the DRHC was opened and fully functional during the year.
- The PRHA completed a Home Care Operational Manual. The manual will provide direction to staff and enhance consistency in program delivery across the Region.

The Palliative Care Area at Dauphin Regional Health Centre was opened and fully functional in 2004-2005. An opening ceremony at the Palliative Care Area was held and drew a large response.

- A process of audits and monitoring of the Home Care program has been implemented across the Region. Quarterly case reviews and chart audits for all new Home Care admissions or specific service components continue.
- The Home IV Program, piloted in Swan River, was expanded to Dauphin. The Enhanced Nursing Program will also support earlier discharge of clients who have had surgery. A review and regionalization of Home Parenteral Therapy policies has been completed and a Regional Advisory Committee for Home Parenteral Therapy Program has been developed.

Challenges and Future Directions:

- The PRHA will conduct an analysis of the increasing number of emergency room visits in facilities throughout the Region.
- Home Care Operational Manuals will be developed to guide other aspects of service delivery across the Region.
- Training needs of direct service nurses and home care attendants in Home Care will continue to be assessed.
- A plan will be developed for expanding the Home Care Enhanced Nursing Program to other communities in the Region.

Indicator:

Home Care Service Provision		
	2004- 2005	2003 - 2004
Total clients at start of year	1103	1063
Clients admitted/readmitted to service	618	680
Clients discharged from service	640	640
Total clients at end of year	1081	1103

Human Resources

Goal: Establish an organizational culture that attracts, develops, and retains the best possible people.

Actual Results/Accomplishments:

- Recruitment and retention strategies included the development of the Human Resource web page, as part of the PRHA web site. Available positions are posted on the web page, as well as information on student practicum opportunities and the student bursary program.
- PRHA established a Staff Education Manager position to assist in identifying and facilitating needs for employees relating to orientation, education and staff development.
- A Regional Student Practicum Committee was formed, in cooperation with the Office of Rural and Northern Health (ORNH). The Committee is tasked with identifying and removing barriers that are preventing the PRHA from maximizing its capacity to accommodate practicum placements.

The PRHA attended the Parkland Career Job Fair in Dauphin in February 2005.

- The PRHA Attendance Assistance & Support Program has been established to support employees in maintaining regular attendance at work for the betterment of client care.
- Nursing recruitment activities included:
  - Posting positions in paper media in Winnipeg and Yorkton, Saskatchewan;
  - Sending postings to Universities in Manitoba and Saskatchewan and Red River College;
  - Attending recruiting fairs throughout the province;
  - Offering bursaries to new graduates;
  - Offering relocation allowances for transferring nurses;
  - Purchasing space on Canadiannurse.com, moster.ca,workopolis.ca and canadianrn.com;
  - Accessing the Manitoba Health web site for posting opportunities.
- The Region contracted an external recruitment company for physician specialists, radiologists, obstetrics/gynecology, psychiatry, general surgery and internal medicine.
- The PRHA attended the Family Medicine Resident Job Fair in Winnipeg in February 2005.
- The PRHA attended the Annual Family Medicine Residents' Retreat in Winkler/Morden in early November 2004.
- In October 2004, the PRHA Vice-President of Medical Services made a presentation to medical students in Winnipeg at an information fair, organized by the Office of Rural and Northern Health. This gave students a chance to learn about the practice opportunities available in rural Manitoba for electives and clerkships.
- The communities of McCreary and Dauphin successfully attracted new general practitioners during the year.

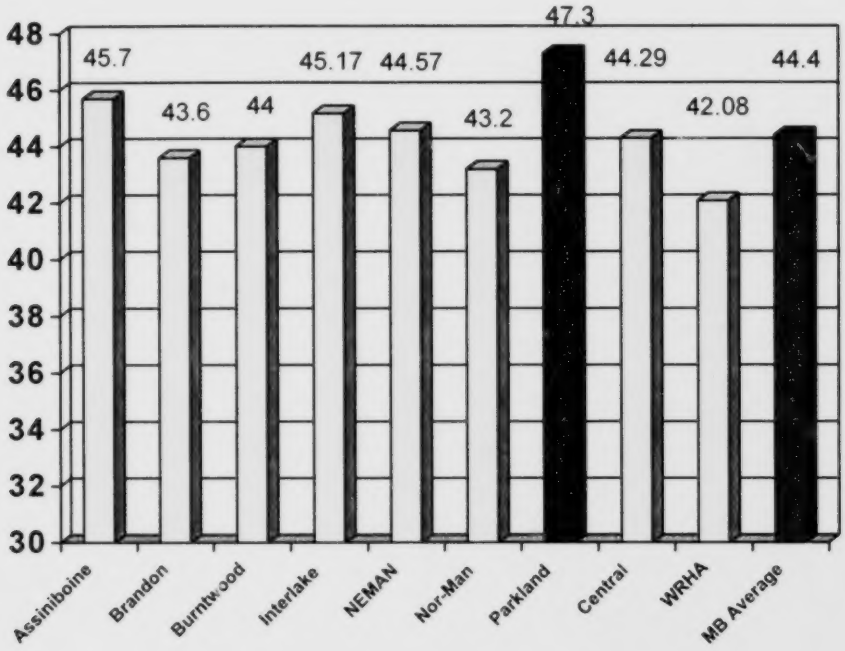
Challenges and Future Directions:

- The Region is seeing the effects of national and provincial shortages of health professionals including nurses, pharmacists, therapists and diagnostic staff.

- The Parkland Region has the oldest health care workforce in the province.
- In 2004, the PRHA had the highest paid sick hours in the province.
- The Region had one of the highest Workers Compensation Board lost hours per employee in the province.
- Additional information about employment possibilities and the PRHA Human Resources Department will be made available on revised PRHA web pages.
- The PRHA is developing a comprehensive Human Resources Strategy for 2005-2006.

Indicator:

***Average age of employee by RHA**

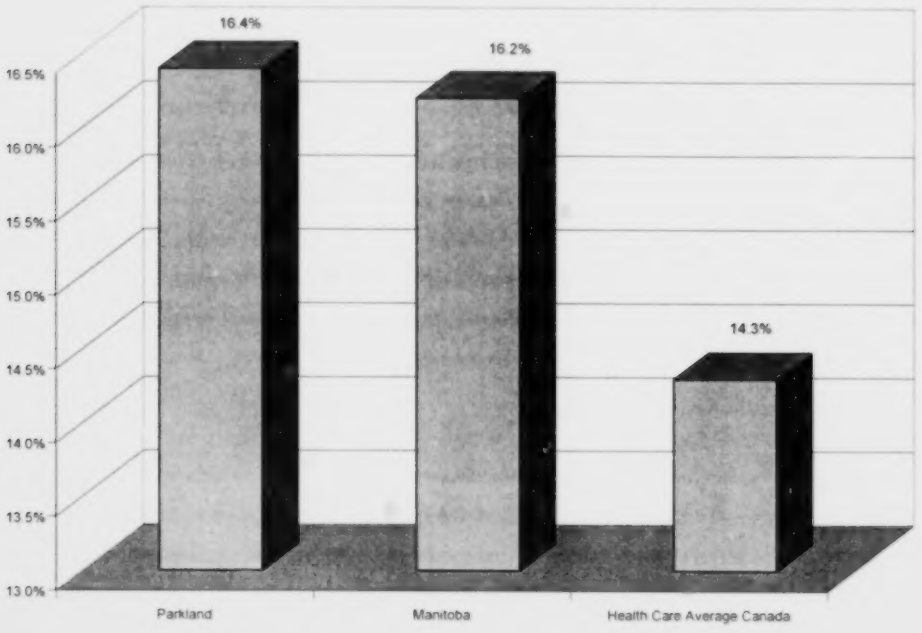


*Employee years of service	
Parkland	9.1
Manitoba	9.2
Health Care Average Canada	10

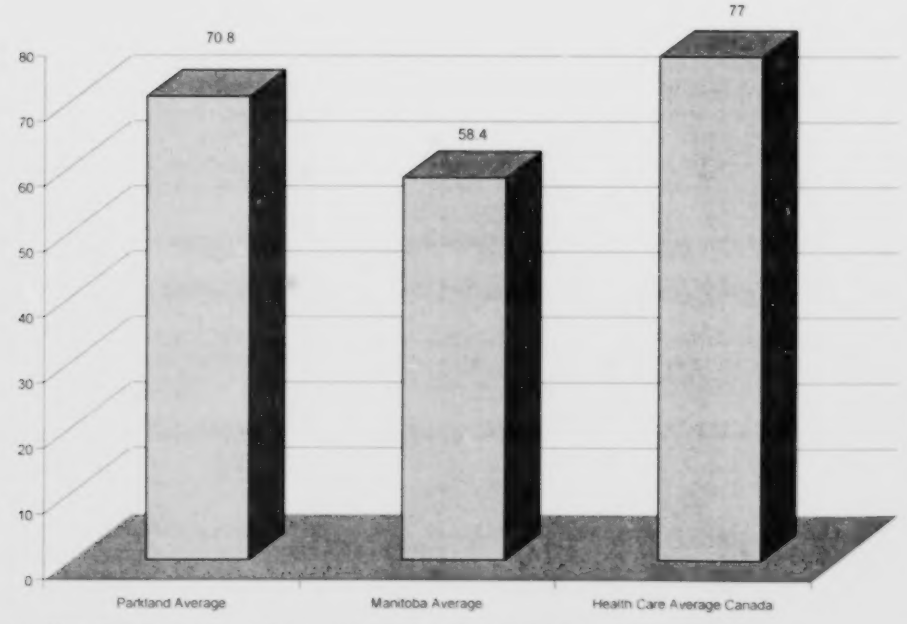
*Turnover rate	
Parkland	11.4 %
Manitoba	14.9%
Health Care Average Canada	12.6%

Indicators:

***External Hire Rate 2004**



***Paid Sick Hours**



**Taken from the 2004 Provincial Human Resources Benchmarking Survey*

Information Technology

Goal: To ensure timely, quality information is available for effective decision-making.

Actual Results & Accomplishments:

- The Region continued implementation of the Quadrant Human Resource (QHR) Information System to maintain employee information and automate processes used to collect, input and analyze that information.
- Improvements were made to the Region's computer information technology system including upgrades to servers and deployment of new systems in community health.
- Staff participated in the rollout of staff scheduling, payroll, finance, human resource, and the International Disease Classification System- 10 (ICD-10), which is used to classify hospital admissions information systems.
- PRHA Quality Teams continued to develop indicators for monitoring.
- Work commenced on updating business continuity plans for the Region.
- The Region's second comprehensive community health needs assessment was completed.

Challenges and Future Directions:

- An information management plan for the Region is being finalized.
- The PRHA will continue to roll out financial and human resource software to affiliate organizations.
- The PRHA will continue to work with Manitoba Health and other Regional Health Authorities regarding deployment of provincial strategies for information management.

Capital equipment & Infrastructure

Goal: To ensure that physical facilities and equipment are adequate to meet the needs of the Region's programs (Capital Project Development).

Actual Results & Accomplishments:

- Construction of the new Swan Valley Health Centre continued. No major delays were encountered. The facility is scheduled to be open in September 2005. The facility will house acute care services and community health services. A dialysis unit has been built in the new facility is expected when a sufficient number of provincial eligible patients is identified.

- Paving and landscaping at the new ambulance garage in Dauphin, was completed.

- Safety and security projects during the fiscal year included the replacement of a roam alert system and doors in the McCreary/Alonsa Health Centre, the installation of an infant abduction system and roam alert enhancements at Dauphin Regional Health Centre, the development of a smoking room for residents at the Grandview Personal Care Home, renovations at the Grandview Personal Care Home to the medical room, and the installation of automatic door openers at Gilbert Plains Health Centre Grandview Personal Care Home, and Ste. Rose Hospital.

- Construction and renovations continued on the Swan Valley Ambulance Facility, the fire panel at Dauphin Regional Health Centre, the Primary Health Care Centres in Camperville and Waterhen, and the sprinkler system at Winnipegosis Health Centre. These projects will be complete during the summer of 2005.

- Manitoba Health provided approval to proceed to the Design Development Phase for the new Dauphin Community Health Building.

- Capital equipment upgrades/replacements included:
    - 10 hospital beds and 40 personal care home beds were replaced within various facilities in the Region;
    - Resident Bathing Tub at McCreary/Alonsa Health Centre;
    - Non-invasive Blood pressure monitors at Dauphin Regional Health Centre;
    - Spiro meter at Dauphin Regional Health Centre;
    - Hot Dog Cart for Mental Health HERO Program;
    - Centrifuges for Grandview, Ste. Rose, and Swan River;
    - Blanket Warming Cabinet at Ste. Rose Hospital.

Challenges and Future Directions:

- The Region will continue to work with Manitoba Health to move ahead with the construction of the Dauphin Community Health Building.

- The PRHA will ensure that the following safety and security projects are completed in 2005/2006:
    - Installation of an elevator at Swan River Personal Care Home.
    - Update the wander alert/nurse call at Dr. Gendreau Personal Care Home.

- The Dauphin General Hospital Foundation has approved, in principal, the purchase of new laparoscopic equipment and a harmonic scalpel at the Dauphin Regional Health Centre.

- The PRHA will continue to renovate and repair facilities to meet Workplace Safety and Health standards and to provide a safe environment for all staff, patients, residents, clients and the general public.

Parkland Regional Health Authority Inc.

Consolidated Financial Statements

For the year ended March 31, 2005

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For the year ended March 31, 2005

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Management's Responsibility

To the Board of Directors of Parkland Regional Health Authority Inc.:

Management has responsibility for preparing the accompanying consolidated financial statements. This responsibility includes selecting appropriate accounting principles and making objective judgments and estimates in accordance with Canadian generally accepted accounting principles.

In discharging its responsibilities for the integrity and fairness of the consolidated financial statements, management designs and maintains the necessary accounting systems and related internal controls to provide reasonable assurance that transactions are authorized, assets safeguarded and financial records are properly maintained to provide reliable information for the preparation of financial statements.

The Board of Directors and the Audit Committee are composed primarily of Directors who are neither management nor employees of the Organization. The Audit Committee is appointed by the Board to review the consolidated financial statements in detail with management and to report to the Board prior to their approval of the consolidated financial statements for publication.

Meyers Norris Penny LLP, an independent firm of Chartered Accountants, is appointed by the Board of Parkland Regional Health Authority to audit the consolidated financial statements and report directly to them; their report follows. The external auditors have full and free access to, and meet periodically and separately with, both the Audit Committee and management to discuss their audit findings.

_____ Management _____ Management

P.O. Box 6000, 32 - 2nd Avenue S.W., Dauphin, Manitoba, R7N 2V5. Phone (204) 638-6767, 1-877-500-0790

To the Board of Directors of Parkland Regional Health Authority Inc.

We have audited the consolidated statement of financial position of the Parkland Regional Health Authority Inc. as at March 31, 2005 and the consolidated statements of changes in net assets, operations and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these consolidated financial statements present fairly, in all material respects, the financial position of the Parkland Regional Health Authority Inc. as at March 31, 2005 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Dauphin, Manitoba
June 8, 2005

Meyers Norris Penny LLP

Chartered Accountants

P.O. Box 6000, 32 - 2nd Avenue S.W., Dauphin, Manitoba, R7N 2V5. Phone (204) 638-6767, 1-877-500-0790

MNP

Parkland Regional Health Authority Inc.
Consolidated Statement of Financial Position
As at March 31, 2005

	Contract	*Devolved*	***2005***	*2004*
Assets				
Current				
Cash	1,856,663	7,022,977	**8,879,640**	8,503,219
Marketable securities	55,000	2,092,105	**2,147,105**	409,932
Deferred benefits receivable *(Note 3)*	2,190,126	4,392,546	**6,582,672**	7,582,679
Accounts receivable *(Note 4)*	734,442	995,390	**1,729,832**	960,704
Due from Manitoba Health *(Note 5)*	-	607,740	**607,740**	969,996
Inventory	397,158	1,119,135	**1,516,293**	1,437,011
Prepaid expenses	673,186	595,151	**1,268,337**	760,737
Inter-facility	(22,328,070)	22,328,070	-	-
	(16,421,495)	39,153,114	**22,731,619**	20,624,278
Long-term investments *(Note 6)*	144,000	15,168,661	**15,312,661**	14,086,690
Capital assets *(Note 7)*	41,573,392	36,026,733	**77,600,125**	61,862,455
Trust assets	26,375	23,670	**50,045**	60,547
Deferred benefits *(Note 3)*	1,669,065	1,926,278	**3,595,343**	2,602,760
	26,991,337	92,298,456	**119,289,793**	99,236,730

Continued on next page

The accompanying notes are an integral part of these financial statements.

MNP

Parkland Regional Health Authority Inc.
Consolidated Statement of Financial Position
As at March 31, 2005

	Contract	*Devolved*	***2005***	*2004*
Continued from previous page				
Liabilities				
Current				
Lines of credit	-	1,349,609	**1,349,609**	3,496,427
Accounts payable and accruals	1,368,776	6,139,390	**7,508,166**	4,682,144
Deferred benefits payable *(Note 3)*	2,368,219	4,667,075	**7,035,294**	7,582,679
Current portion of long-term debt *(Note 8)*	9,400	6,700	**16,100**	15,500
	3,746,395	12,162,774	**15,909,169**	15,776,750
Long-term debt *(Note 8)*	163,229	9,703	**172,932**	189,405
Deferred benefits *(Note 3)*	1,703,918	2,324,271	**4,028,189**	2,602,760
Deferred contributions *(Note 12)*	18,021,197	74,317,135	**92,338,332**	72,382,375
Trust liabilities	26,375	23,670	**50,045**	60,547
	19,914,719	76,674,779	**96,589,498**	75,235,087
Net Assets				
Invested in capital assets	1,930,396	1,082,596	**3,012,992**	3,338,338
Internally restricted for capital purposes	90,418	464,968	**555,386**	747,752
Unrestricted net assets	1,309,409	1,913,339	**3,222,748**	4,138,803
	3,330,223	3,460,903	**6,791,126**	8,224,893
	26,991,337	92,298,456	**119,289,793**	99,236,730

Approved on behalf of the Board

_____ **Director** _____ **Director**

The accompanying notes are an integral part of these financial statements

Parkland Regional Health Authority Inc.
Consolidated Statement of Changes in Net Assets
For the year ended March 31, 2005

	Invested in capital assets	*Internally restricted for capital purposes*	*Unrestricted*	***2005 Total***	*2004 Total*
Balance, beginning of year	3,338,338	747,752	4,138,803	**8,224,893**	7,876,636
Prior period adjustment *(Note 17)*	(61,212)		-	**(61,212)**	-
Restated	3,277,126	747,752	4,138,803	**8,163,681**	7,876,636
Excess (deficiency) of revenues over expenses	(371,024)	3,634	(1,226,825)	**(1,594,215)**	(387,916)
Investment in capital assets	48,345	-	(41,379)	**6,966**	-
Internal transfers	58,545	(196,000)	352,149	**214,694**	-
Net assets acquired on amalgamation	-	-	-	-	736,173
Balance, end of year	3,012,992	555,386	3,222,748	**6,791,126**	8,224,893

The accompanying notes are an integral part of these financial statements.

Parkland Regional Health Authority Inc.
Consolidated Statement of Operations
For the year ended March 31, 2005

	Contract	*Devolved*	***2005***	*2004*
Revenues				
Manitoba Health operating income *(Note 9)*	25,569,528	58,575,347	**84,144,875**	82,316,118
Patient income	3,853,578	2,889,958	**6,743,536**	6,723,949
Other income	769,113	3,395,990	**4,165,103**	4,012,753
Amortization of deferred contributions	1,134,662	2,180,741	**3,315,403**	3,269,651
	31,326,881	67,042,036	**98,368,917**	96,322,471
Expenses				
Acute care	13,606,513	25,804,226	**39,410,739**	36,214,377
Long-term care	16,019,718	12,440,223	**28,459,941**	26,601,272
Community and mental health	477,157	9,758,646	**10,235,803**	8,944,991
Homecare	139,311	8,870,468	**9,009,779**	9,003,968
Emergency response and transport	-	2,871,860	**2,871,860**	2,216,927
Parkland Regional Hospital Laundry Ltd.	-	844,590	**844,590**	821,457
Regional health costs *(Note 10)*	-	1,324,459	**1,324,459**	1,266,100
Medical remuneration	409,678	2,910,652	**3,320,330**	3,402,463
Pre-retirement	310,556	492,332	**802,888**	606,845
Amortization of capital assets	1,235,492	2,438,232	**3,673,724**	3,812,220
Interest on long-term obligations	8,652	367	**9,019**	2,958,586
Future employee benefits	-	-	-	861,181
	32,207,077	67,756,055	**99,963,132**	96,710,387
Excess (deficiency) of revenues over expenses	(880,196)	(714,019)	**(1,594,215)**	(387,916)

The accompanying notes are an integral part of these financial statements.

Parkland Regional Health Authority Inc.
Consolidated Statement of Cash Flows
For the year ended March 31, 2005

	Contract	*Devolved*	***2005***	*2004*
Cash provided by (used in)				
Operations				
Excess (deficiency) of revenues over expenses	(880,196)	(714,019)	**(1,594,215)**	(387,916)
Items not involving cash				
Proceeds on disposal of capital assets	8,437	-	**8,437**	
Amortization of capital assets	1,235,492	2,438,232	**3,673,724**	3,812,220
Amortization of deferred contributions	(1,134,662)	(2,180,741)	**(3,315,403)**	(3,269,651)
	(770,929)	(456,528)	**(1,227,457)**	154,653
Changes in non-cash operating working capital				
Marketable securities	85,000	(1,822,173)	**(1,737,173)**	604,795
Lines of credit	(5,922)	(2,140,897)	**(2,146,819)**	1,943,345
Due from Manitoba Health	-	362,256	**362,256**	327,891
Other working capital	825,853	1,690,343	**2,516,196**	651,015
	904,931	(1,910,471)	**(1,005,540)**	3,527,046
Financing and Investing				
Purchase of capital assets	(19,293,636)	(1,724,163)	**(21,017,799)**	(3,803,927)
Purchase of capital assets - amalgamation	-	-	-	(254,035)
Disposal of capital assets	-	-	-	139,997
Purchase of long-term investments	-	(1,320,372)	**(1,320,372)**	(3,361,118)
Disposal of investments	60,406	93,331	**153,737**	2,274,099
Cash received from amalgamation	-	-	-	557,433
Deferred contributions	1,067,809	23,735,936	**24,803,745**	3,673,748
Interfacility	17,934,429	(17,934,429)	-	274,702
Repayment of advances of long-term debt	(9,893)	-	**(9,893)**	(590,490)
	(240,885)	2,850,303	**2,609,418**	(1,089,591)
Increase in cash during the year	(106,883)	483,304	**376,421**	2,592,108
Cash, beginning of year	1,963,546	6,539,673	**8,503,219**	5,911,111
Cash, end of year	1,856,663	7,022,977	**8,879,640**	8,503,219

The accompanying notes are an integral part of these financial statements.

MNP

1. Organization

The Parkland Regional Health Authority Inc. is a non-profit organization incorporated without share capital under the laws of Manitoba. The Parkland Regional Health Authority Inc. is involved in the provision of health care services to persons resident in the Parkland Region.

The Parkland Regional Health Authority Inc. is a registered charity and, as such, is exempt from income tax and may issue income tax receipts to donors.

2. Significant accounting policies

The financial statements have been prepared in accordance with Canadian generally accepted accounting principles, and include the following significant accounting policies:

Basis of accounting

These financial statements were prepared using the accrual basis of accounting. The accrual basis recognizes revenues as they become available and measurable; expenses are recognized, as they are incurred and measurable as a result of receipts of goods or services and the creation of a legal obligation to pay.

Basis of reporting

These financial statements include the accounts of all controlled not-for-profit organizations of the Parkland Regional Health Authority Inc. All significant inter-departmental transactions have been eliminated.

The assets, liabilities, revenues and expenses of the following not-for-profit operations have been included in these financial statements:

Devolved facilities:

Dauphin Regional Health Centre
Roblin District Health Centre
Gilbert Plains Health Centre
Grandview Hospital District No. 3B
Dauphin & District Ambulance Service
Roblin & District Ambulance Service
Grandview Personal Care Home
Parkland Regional Hospital Laundry Ltd.
Swan Valley Ambulance Service
Ste. Rose Ambulance Service

Contract facilities:

McCreary/Alonsa Health Centre
Hôpital Général – Ste. Rose – General Hospital
Swan Valley Lodge (1991) Inc.
Swan River Valley Hospital
Swan River Valley Personal Care Home Inc.
Benito Health Centre
Winnipegosis – Mossey River Personal Care Home Inc.
Winnipegosis General Hospital
St. Paul's Home (Inc.)
Dr. Gendreau Personal Care Home Inc.
Swan River Hospital District No. 1
Canadian Mental Health Association, Swan Valley Branch, Inc.

The Parkland Regional Health Authority Inc. also receives funding from independent organizations which organize fundraising drives in various geographical areas exclusively for the use of the Parkland Regional Health Authority Inc. or its related entities. The extent of any funding provided by these independent entities is solely at the discretion of the board of directors of the independent entities.

A number of facilities within the Parkland Regional Health Authority Inc. receive donations from charitable foundations. As there is no control, significant influence or economic interest between the Parkland Regional Health Authority Inc. and these foundations no financial information regarding these foundations is reported or disclosed in the financial statements of the Parkland Regional Health Authority Inc.

Marketable securities

Marketable securities are stated at the lower of cost and market value. These marketable securities have a fair market value of $2,147,105 at March 31, 2005 with interest rates ranging from 2.25% to 3.26% maturing April 2006 to October 2006.

Inventory

Inventory is stated at the lower of cost and replacement cost. Cost is determined on the first-in, first-out basis.

Capital assets

Capital assets are recorded at cost. Amortization is provided using the straight-line method at rates intended to amortize the cost of the assets over their estimated useful lives.

Buildings	20 to 40 years
Equipment	4 to 20 years

Long-lived assets

Long-lived assets consist of capital assets with finite useful lives. Long-lived assets held for use are measured and amortized as described in the applicable accounting policies.

The Organization performs impairment testing on long-lived assets held for use whenever events or changes in circumstances indicate that the carrying value of an asset, or group of assets, may not be recoverable. Impairment losses are recognized when undiscounted future cash flows from its use and disposal are less than the asset's carrying amount. Impairment is measured as the amount by which the asset's carrying value exceeds its fair value. Any impairment is included in operations for the year.

Quoted market prices and prices for similar items are used to measure fair value of long-lived assets.

Deferred benefits entitlement

The Health Authority's contractual commitment, based on an actuarial valuation, for the pre-retirement entitlement for members of the Health Employees Pension Plan is to pay out four days of salary for each year of service upon retirement if the employee complies with one of the following conditions:

i) has ten years service and has reached the age of 55 or

ii) qualifies for the "eighty" rule which is calculated by adding the number of years service to the age of the employee or

iii) retires at or after age of 65 or

iv) terminates employment at any time due to permanent disability

Funding for the retirement obligation is recoverable from Manitoba Health for pension costs incurred up to March 31, 2004 on an Out-of-Globe basis in the year of payment. The retirement obligation receivable has been adjusted to reflect an amended valuation obtained in 2005 for the period ending March 31, 2004.

Pension plan

Most of the employees of the Authority are members of the Healthcare Employees Pension Plan (the "Plan"), which is a multi-employer defined benefit pension plan available to all eligible employees. Plan members will receive benefits based on the length of service and on the average annualized earnings calculated on the best five of the eleven consecutive years prior to retirement, termination or death, that provide the highest earnings. The costs of the benefit plan are not allocated to the individual entities within the related group. As a result, individual entities within the related group are not able to identify their share of the underlying assets and liabilities. Therefore, the Plan is accounted for as a defined contribution plan in accordance with the requirements of the Canadian Institute of Chartered Accountants' Handbook section 3461.

Pension assets consist of investment grade securities. Market and credit risk on these securities are managed by the Plan by placing assets in trust and through the Plan investment policy. Pension expense is based on Plan management's best estimates, in consultation with its actuaries, of the amount, together with the 5% of basic annual earnings up to the Canada Pension Plan ceiling contributed by employees, required to provide a high level of assurance that benefits will be fully represented by fund assets at retirement, as provided by the Plan. The funding objective is for the employer contributions to the Plan to remain a constant percentage of employees' contributions.

Variances between actuarial funding estimates and actual experience may be material and any differences are generally to be funded by the participating members. The most recent actuarial valuation of the Plan as at December 31, 2003, indicates that the Plan has a contribution deficiency. A requested contribution rate increase has been approved to address the deficiency.

Revenue recognition

The Parkland Regional Health Authority Inc. follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Contributed services

A number of individuals donate significant amounts of time to the Organization's activities. No amount is reflected in the statements for donated services since no objective basis is available to measure the value of such services.

Measurement uncertainty

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Estimates are made for amortization, based on the useful lives of capital assets, amounts due from Manitoba Health, revenue from Manitoba Health and In-Globe and Out-of-Globe funding that is not yet approved, and retirement entitlement obligations, based on management estimates and actuarial valuations.

These estimates and assumptions are reviewed periodically and, as adjustments become necessary, they are reported in operations in the periods in which they become known.

3. Deferred benefits entitlement

The Health Authority records the accrued vacation pay, statutory holiday and overtime , salary liability. Funding for the entitlement is recoverable as a component of salary cost funding for the subsequent year.

Retirement entitlement obligations

The Health Authority applies the accounting recommendations for employee future benefits contained in *Section 3461 of the Canadian Institute of Chartered Accountant's Handbook.*

The pre-retirement benefits are determined by an actuarial valuation. The latest actuarial valuation of the pre-retirement leave as of March 31, 2005 - based on a December 31, 2000 actuarial valuation extrapolated to March 31, 2005 for the devolved facilities and a March 31, 2005 actuarial valuation for contract facilities - reports an obligation of $5,398,973 ($2,053,664 classified as a portion of the current assets and $3,345,309 as long-term).

4. **Accounts receivable**	*2005*	*2004*
Accrued interest	**56,749**	20,608
Ambulance	**255,364**	230,634
Health Canada First Nations Inuit Health	**81,917**	-
Manitoba Nurses Union	**2,212**	18,471
Other	**1,106,119**	522,584
Province of Manitoba	**88,733**	66,997
Residents/ Patients	**138,738**	101,410
	1,729,832	960,704

5. **Due from Manitoba Health**	*2005*	*2004*
Current years Operating Funding	**755,102**	724,790
Out of Globe – 2002/2003	**-**	(157,484)
Out of Globe – 2003/2004	**(124,480)**	(167,837)
Out of Globe – 2004/2005	**(319,454)**	-
Approved Capital Funding	**283,210**	570,527
Long-term disability over payment	**13,362**	-
	607,740	969,996

In-Globe Funding

In-Globe funding is funding approved by Manitoba Health for Regional Health Authority programs unless otherwise specified as Out-of-Globe funding. This includes volume changes and price increases for the five service categories of Acute Care, Long-Term Care, Community and Mental Health, Home Care and Emergency Response and Transport. All additional costs in these five service categories must be absorbed from within the global funding provided.
Any operating surplus greater than 2% of budget related to In-Globe funding arrangements is recorded on the statement of financial position as a payable to Manitoba Health until such time as Manitoba Health reviews the financial statements. At that time Manitoba Health determines what portion of the approved surplus may be retained by the Authority, or repaid to Manitoba Health.

Under Manitoba Health policy the Regional Health Authority is responsible for In-Globe deficits, unless otherwise approved by Manitoba Health.

Out-of-Globe Funding

Out-of-Globe funding is funding approved by Manitoba Health for specific programs.

Any operating surplus related to Out-of-Globe funding arrangements is recorded on the statement of financial position as a payable to Manitoba Health until such time as Manitoba Health reviews the financial statements. At that time Manitoba Health determines what portion of the approved surplus may be retained by the Authority, or repaid to Manitoba Health.

Conversely, any operating deficit related to Out-of-Globe funding arrangements is recorded on the statement of financial position as a receivable from Manitoba Health until such time as Manitoba Health reviews the financial statements. At that time, Manitoba Health determines their final funding approvals which indicate the portion of the deficit that will be paid to the Authority. Any unapproved costs not paid by Manitoba Health are absorbed by the Authority.

6. Long-term investments

	2005	*2004*
Manitoba Health sinking fund-trust account, various short-term and long-term investments earning interest of 2.85 to 6%. Sinking fund payments in each of the next five years will be $573,750. Fair market value of instruments are $15,148,378.	**15,148,378**	13,827,900
Manitoba Health sinking fund	**-**	93,331
Various investments	**164,283**	165,459
	15,312,661	14,086,690

7. Capital assets

	Cost	*Accumulated Amortization*	*2005 Net Book Value*	*2004 Net Book Value*
Land	586,685	-	**586,685**	586,685
Buildings	79,103,247	30,767,019	**48,336,228**	47,817,865
Equipment	27,609,162	21,551,016	**6,058,146**	6,177,315
Construction in progress	22,619,066	-	**22,619,066**	7,280,590
	129,918,160	52,318,035	**77,600,125**	61,862,455

8. Long-term debt

	2005	*2004*
Mortgage Payable Canada Mortgage and Housing Corporation bearing interest at 4.970% payable in monthly installments of $3,769 including interest, secured by a first mortgage and assignment of fire insurance coverage on the building with a net book value of $397,286, due 2017.	**113,396**	120,307
Mortgage Payable Canada Mortgage & Housing Corporation bearing interest at 6.375%, payable in monthly installments of $3,688 including interest, secured by a first mortgage on buildings with a net book value of $1,040,681, a letter of comfort from Manitoba Health, a promissory note signed by the facility and a borrowing resolution signed by the facility, due 2019.	**59,234**	61,620
Loan Payable GMAC bearing interest at 1.900% payable in monthly installments of $578 in including interest, secured by a 2002 Chevrolet Venture, due 2007.	**16,402**	22,978
	189,032	204,905
Amount due within one year included in current liabilities	**16,100**	15,500
	172,932	189,405

Principal repayments required in each of the next five years are estimated as follows:

2006	16,100
2007	16,200
2008	12,300
2009	9,400
2010	9,400

9. Manitoba Health operating income

		2005
Revenue as per Manitoba Health's final funding document		**87,554,342**
Add:		
	Salary increments	**822,644**
		88,376,986
Deduct:	Payments to Manitoba Health for surplus funding for out-of-globe items	**(319,397)**
Total funding approved by Manitoba Health		**88,057,589**
Add:	Hepatitis B Program	**80,945**
	Influenza Program	**109,657**
	Community Health Needs Assessment	**28,025**
	International Classification of Diseases Version 10 Upgrade	**69,556**
	Self Help Centre	**42,538**
	Primary Health Care Transition Fund	**164,909**
		495,630
	Previous year settlement's adjustments	**776,500**
Deduct:	Amounts recorded as deferred contributions for:	
	- Long-term debt	**1,855,613**
	- Equipment funding	**459,864**
	- Major repairs	**37,489**
	- Interest on deferred contributions	**2,831,878**
		5,184,844
		84,144,875

10. Regional Health Authority Inc. costs

	2005	*2004*
Corporate office salaries	**734,467**	625,897
Corporate office benefits	**106,802**	84,438
Expenses paid on behalf of facilities	**93,093**	47,588
Board expenses	**110,526**	123,140
Medical recruitment	**-**	11,983
Nursing formal education	**72,062**	63,996
Other	**207,509**	309,058
	1,324,459	1,266,100

11. Pension plan

Substantially all of the employees of the Authority are members of the Health Employees Pension Plan (HEPP) or the Civil Service Superannuation Plan (CSSP). HEPP is a multi-employer defined benefit pension plan, which is accounted for as a defined contribution plan. The plan is available to all eligible employees of the participating members of the Authority. Former civil servants transferred to the Authority remained members of the CSSP which is a government based defined benefit plan. All new Authority employees are eligible to join HEPP and not the CSSP.

The most recent actuarial valuation of the Plan as at December 31, 2003, indicates that the Plan has a contribution deficiency. A requested contribution rate increase has been approved to address the deficiency. Contributions to the Plan made during the year by the Authority on behalf of its employees amounted to $2,233,241 and are included in the Statement of Operations. The Civil Service Superannuation Plan is unfunded and requires no contributions by the Authority.

12. Deferred contributions

Deferred contributions represent capital funding received from Manitoba Health or donations received from other sources restricted for the purchase of depreciable capital assets and/or future expenses.

	Donation	Unexpended	Expended	*2005*
Balance, beginning of year	316,467	399,375	67,254,625	**67,970,467**
Capital asset additions	(98,175)	(76,650)	663,460	**488,635**
Capital funding	3,873	548,549	22,565,977	**23,118,399**
Interest and donations	118,720	24,598	167	**143,485**
Amortization	(3,426)	(8,960)	(3,307,828)	**(3,320,214)**
Repairs and maintenance	(15,231)	-	-	**(15,231)**
Balance, end of year	322,228	886,912	87,176,401	**88,385,541**
Deferred revenue				**3,952,791**
				92,338,332

13. Financial instruments

The Parkland Regional Health Authority Inc.'s financial instruments consist of cash, accounts receivable, temporary investments, accounts payable, amounts due to (from) Manitoba Health and long-term debt. Unless otherwise noted, it is management's opinion that the Parkland Regional Health Authority Inc. is not exposed to significant interest, currency or credit risks arising from these financial instruments.

Fair Value

The carrying amount of cash, accounts receivable, temporary investments, accounts payable, amounts due to (from) Manitoba Health and accrued liabilities approximates their fair value due to the short-term maturities of these items. The carrying amount of the organization's investments and loans approximates their fair value as the investments and loans have currently prevailing interest rates.

14. Economic dependence

The Parkland Regional Health Authority Inc. received 85% of its total revenue for the year ended March 31, 2005 from Manitoba Health.

15. Comparative amounts

Certain comparative figures have been reclassified to conform with the current year presentation.

16. Significant event

During the 1998-1999 fiscal year a wide-spread mold outbreak was discovered in the Swan River Valley Hospital. During the 1999-2000 fiscal year, the Hospital was closed down in an orderly fashion and replaced by a temporary Hospital building while the new Hospital was being planned and built. During the 2000-2001 fiscal year, the old Hospital building and service equipment were demolished. Manitoba Health has funded the construction of the temporary Hospital facility as well as the various relocation and other such costs incurred during the planning and construction phases.

17. Prior period adjustment and reclassification

During the year it was discovered that costs of construction in progress (as explained in Note 16) were incorrectly reported. Various adjustments were made to correct these errors resulting in a decrease to net assets of $61,212.

Appendix A

Public Sector Compensation Disclosure Act

The Public Sector Compensation Disclosure Act requires that the RHA disclose to the Public, the amount of compensation it pays or provides in the fiscal year or calendar year directly or indirectly. Reported figures are to include:

- All overtime payments, retirement or severance payments, lump sum payments and vacation payouts;
- The value of loan or loan interest obligations that have been extinguished and the value of imputed interest benefits from loans;
- Long term incentive plan earnings and payouts;
- The value of the benefit derived from vehicles or allowances with respect to vehicles;
- The value of the benefit derived from living accommodation or any subsidy with respect to living accommodation;
- Payments made for exceptional benefits not provided to the majority of employees of the public sector body;
- The amount of compensation paid to its Board Chair, its board members in the aggregate, or its officers and employees if the compensation is $50,000 or more;
- Payments for memberships in recreational clubs or organizations; and,
- The value of any other payment or benefit that may be prescribed in the regulations.

**Information related to the Public Sector Disclosure Act can be obtained directly from the Regional Health Authority by calling (204) 622-6222 or 1-800-259-7541.*

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Appendix B

PRHA Community Health Assessment

The Parkland Regional Health Authority (PRHA) completed its second-ever **Community Health Assessment (CHA)** in 2004-2005.

The Community Health Assessment measures health status of our population highlights significant health issues. The CHA also identifies available health resources and describes how these services are used.

The Community Health Assessment Report assists policy makers and service providers with evidence-based planning, in order to realize the PRHA Vision: *"Individuals, families and communities achieving the best possible health and wellness."*

Community Health Assessment Coordinator Fiona Jeffries reviews the 116-page CHA Report.

Benefits realized through a Community Health Assessment process include:

- An increased understanding of population health status;
- Heightened community awareness about health and wellness;
- Enhanced capacity among staff and volunteers.

This Community Health Assessment lays the foundation for planning and future action.

The PRHA began the comprehensive Assessment in June 2003. The process included staff, health care providers, community partners, volunteers and residents of the Region. Health data and information were gathered, shared, analyzed and interpreted.

Several sources of data and information were accessed including Statistics Canada, Manitoba Centre for Health Policy, Manitoba Health, Acumen Research (Regional Telephone Survey) and the PRHA. Opinions were sought through community consultations, focus groups, and interviews with partners and service providers.

All Manitoba Regional Health Authorities are required to undertake a Community Health Assessment every five years. The first PRHA Community Health Assessment was completed in 1997.

The full report is posted on the PRHA website (www.prha.mb.ca) A summary report was also provided for the RHA's partners and stakeholders.

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PRHA Volunteer Service Awards

Appendix C

Award recipients– The six recipients of the first-ever PRHA Board Volunteer Service awards in 2004-2005 from left were Ken Mikolayenko, Craig Larson (accepting for his daughter Sara) Ray Buchanan, Mary Anderson, Wes Rumak (accepting for the Dauphin H.E.R.O. Club) and Rosemarie Yeo.

The Parkland Regional Health Authority (PRHA) held its first-ever Volunteer Service Awards in conjunction with its 2003-2004 Annual General Meeting on November 25, 2004. The PRHA Board was thrilled with the response.

The Board reviewed the nominations of a number of worthy recipients. Though many nominations were given extensive consideration, only one recipient for each of the categories was selected. The Board presented awards to the following recipients:

- **Mr. Raymond Buchanan- McCreary (East District)**
- **Mrs. Mary Anderson- Swan River (North District)**
- **Mr. Ken Mikolayenko- Ethelbert (Central District)**
- **Mrs. Rosemarie Yeo- Roblin (West District)**
- **Ms. Sara Larson - Swan River (Youth Award)**
- **The Dauphin H.E.R.O. Club- Dauphin (Group Award)**

Recipients received a plaque honouring their efforts and achievements. The PRHA also made a donation of $100-in the recipient's name- to a charity of their choice. Charities that were named included the *Manitoba Lung Association, Swan Valley Hospital Auxiliary, Multiple Sclerosis Society, Roblin and District Hospital Foundation, the Manitoba Division of the Canadian Cancer Society* and the *Dauphin H.E.R.O. Club*.

The Board thanks all of the people who took the time to nominate individuals and organizations. It especially thanks all of the nominees for their invaluable contributions that they perform every day for the betterment of health within Parkland communities.

Parkland
Regional Health Authority

Contact us: Parkland Regional Health Authority
Room 112 - 27 2nd Avenue SW. Dauphin, MB R7N 3E5
Telephone: 204-622-6222
Toll Free: 1-800-259-7541
Facsimile: 204-622-6232